



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

NORTH TEXAS ANESTHESIA  
PO BOX 952106  
DALLAS TEXAS 75395

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-11-0808-01

#### **MFDR Date Received**

November 5, 2010

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please have insurance process the code 64446. This procedure shouldn't be bundle. It show modifier and appeal was sent to in. on 10/05/10 clm came back denying code."

**Amount in Dispute:** \$1,044.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The insurance carrier did not respond to the DWC060 request. A copy of the DWC060 was placed in the carrier representative box 54 on November 18, 2010 and was signed and picked up by Travis Kelley on November 19, 2010.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 17, 2010	64446-59	\$1,044.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the professional fee guidelines.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 27, 2010

- CAC-97 – The benefit for this service is included in the payment/allowed for another service/procedure that has already been adjudicated.
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.

Explanation of benefits dated October 25, 2010

- CAC-16 – Claims service lacks information which is necessary for adjudication at least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code)
- CAC-193 – Original payment decision is being maintained, upon review, it was determined that this claim was processed properly.
- CAC-97 – The benefit for this service is included in the payment/allowed for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 724 – No additional payment after reconsideration of services; for information call 1-800-937-0824.

## Issues

1. Did the requestor bill for services in conflict with CCI edits on August 17, 2010.
2. Did the requestor meet the documentation requirements for appending modifier -59?
3. Is the requestor entitled to reimbursement?

## Findings

1. Per 28 Texas Administrative Code §134.203(b) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
  - The requestor disputes the carrier's denial of CPT code 64446-59.
  - The requestor billed CPT codes 01480-AA and 64446-59 on August 17, 2010.
  - The following CCI edits were identified: Per CCI Guidelines, Procedure Code 64446 has a CCI conflict with Procedure Code 01480.
  - The requestor appended modifier -59 to CPT code 64446.
  - The *CPT Manual* defines CPT code 01480 as follows: "Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified."
  - The *CPT Manual* defines CPT code 64446 as follows: "Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)."
2. The *CPT Manual* defines modifier -59 as follows: **Modifier -59: "Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."
3. The requestor did not submit sufficient documentation to support the appending of modifier -59 to CPT code 64446. Therefore, reimbursement cannot be recommended for CPT code 64446-59.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	<u>May 14, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**